

## Who Is Eligible?

Permanent full- or part-time state employees may receive benefits as prescribed in the [Colorado Revised Statutes 24-50-601 through 24-50-615](#) and the State Benefits Plans section of the [State Personnel Director's Administrative Procedures](#). "Employee" does not include persons employed on a temporary basis.

**P-11-18.** An enrolled employee who works or is on paid leave one or more regularly scheduled workdays in a month is eligible for the full state benefit contribution.

- **"Employee"** means any officer or employee under the state personnel system of the state of Colorado whose salary is paid by state funds or any employee of the department of education, the Colorado commission on higher education, or the Colorado school for the deaf and the blind whose salary is paid by state funds. "Employee" includes any officer or employee of the legislative or judicial branch, any elected or appointed state official or employee who receives compensation other than expense reimbursement from state funds, any elected state official who does not receive compensation other than expense reimbursement from state funds, and includes any member of the board of assessment appeals. "Employee" does not include persons employed on a temporary basis. ([Colorado Revised Statutes 24-50-603. Definitions](#))
- **"Dependent"** means an employee's legal spouse; each unmarried child, including adopted children, stepchildren, and foster children, through the end of the calendar year in which the child turns nineteen years of age, for whom the employee is the major source of financial support or for whom the employee is directed by court order to provide coverage; each unmarried child nineteen years of age, through the end of the calendar year in which that child is no longer a full-time student in an educational or vocational institution, but no longer than through the end of the month in which the full-time student turns twenty-four years of age, and for whom the employee is the major source of financial support or for whom the employee is directed by court order to provide coverage; or an unmarried child of any age who has either a physical or mental disability, as defined by the carrier, not covered under other government programs, and for whom the employee is the major source of financial support or for whom the employee is directed by court order to provide coverage. ([Colorado Revised Statutes 24-50-603. Definitions](#))

## **Court Ordered Enrollments**

There are many types of court orders. Check with the carriers.

## **Certificates of Coverage Documents & ID Cards (All Plans)**

**Certificates of Coverage (COC)**, also referred to as Evidence of Coverage (EOC) and Summary Plan Descriptions (SPDs), are documents that explain each plan's benefits, limitations, exclusions, terms and conditions of coverage. The medical, dental, optional life, and long-term disability documents are distributed to an individual's home address after enrollment in or approval for such coverages.

**ID Cards** are provided for the medical plans only and sent with the COC's to the employee's home address from the selected carrier. Call the appropriate carrier for COC's & ID cards not received.

## **Submitting Forms**

All enrollment and change forms, including the "Medical and Dental Enrollment Form", the "Long Term Disability (LTD), Group Term Life and Accidental Death and Dismemberment (AD&D) Enrollment and Change Form", and the "Flexible Spending Account (FSA) Enrollment/Election Form" are submitted to agency payroll & personnel administrators. Beginning with Open Enrollment for 2004, none of these forms need be submitted to the carriers.

When proof of insurability is required (i.e., for LTD and Optional GTL/AD&D), a "Medical History Statement" must be mailed directly to Standard Insurance Company, Medical Underwriting, 900 SW Fifth Avenue, Portland, OR 97204-1282 for each adult applicant. Even though neither life nor disability insurance is subject to HIPAA, all personal medical information should be protected as a matter of course.

## **SNAFU Reports**

To correct eligibility problems (bad data input into CPPS), correct your SNAFU Reports monthly. **Bad data into CPPS means bad CPPS data reported to the carriers.** Correct the input problem in CPPS so the eligibility correction will be transmitted to the carriers.

## Questions & Answers

**G 1 Which state group benefit plans are self-funded and which are fully-insured?**

All of the state group benefit plans are fully-insured for 2004.

**G 2 What are the payroll & personnel administrator's responsibilities as related to enrolling in or making changes to employee's and dependent's group benefit selections?**

Each payroll & personnel administrator is responsible for:

- Accepting enrollments and change requests on appropriate state forms with all required documentation attached.
- To ensure that all required information is listed on each enrollment form and that any required documentation is attached thereto (i.e., PCP selection, Affidavit of Common Law Marriage, etc.);
- Assuring that they do NOT alter the original signed version of any enrollment form which would change the legality of that form;
- Submitting enrollment forms to appropriate carriers immediately upon receipt from employees to ensure that new hires receive ID cards timely.
- Accurately inputting the data into the systems to insure employee's payroll deductions are correct.
- Inputting only the data listed on the enrollment form;
- Making any corrections to employee benefits data per employee written requests within appropriate time frames.
- Making any corrections to CPPS benefits data per Employee Benefits SNAFU report within appropriate timeframes.
- Holding applications for LTD and Optional GTL/AD&D until confirmation of approval (or denial) is received from Standard Insurance Company, when proof of insurability is required.
- To administer the enrollment process in accordance with all applicable laws, regulations, plan documents, rules and directives.
- To report suspected fraud.

**G 3 When an Employee is transferred, can he/she change his/her medical plan election?**

No, a medical plan election may be changed **only if** the employee transfers or moves to an area of the state where his/her current medical plan is not available. In such case, a change form must be submitted within 31 days of the transfer or move.

**G 4 How long may an Employee cover eligible dependents in the state's group benefit plans?**

As long as a state employee is legally married (including common law marriage), his/her spouse may be covered.

Unmarried, natural children, adopted children, stepchildren or foster children are eligible through December 31 of the calendar year in which they turn age 19; through December 31 of the calendar year if no longer a full-time student, but no later than the end of month in which a full-time student turns age 24.

An unmarried child of any age who is medically certified as disabled and dependent upon the employee no matter when the disability occurred may be covered as long as the child remains disabled and dependent.

**G 5 Is proof of full-time student status required?**

No, but employees must attest to the eligibility of all dependents each year and acknowledge that a misstatement or omission of fact with regard to eligibility is illegal.

**G 6    *What is the effective date of coverage for a child an Employee is adopting?***

The effective date of coverage for an adopted child is the date that the child is placed in the home with the adoptive parents providing the applicable Change Form is completed and submitted within 31 days of such placement. Any additional premiums must be paid starting with the first of the month following the date the child is placed in the home.

**G 7    *How can an Employee add the newborn child of his/her dependent child (the Employee's grandchild)?***

The employee's grandchild may be covered on a state medical and dental plan as long as the employee's child (the grandchild's parent) is covered as an eligible dependent under the plan.

Employees must complete and submit the "Medical and Dental Enrollment Form", the "Change of Election Form/Salary Reduction Plan" and the "Affidavit of Custody for Grandchild(ren)" within 31 days from the date of birth. If the forms are not submitted within this time frame, the grandchild cannot be added until the next regularly scheduled open enrollment period.

When the parent is no longer an eligible covered dependent, the grandchild is also no longer eligible under the employee (grandparent) obtains legal custody/guardianship of the grandchild.

**G8    *What rules cover common law marriage and newly acquired dependents of a common law marriage?***

To add a common law spouse, complete an Affidavit of Common Law Marriage (a copy is included in this section) within 31 days of the date of the declaration of the common law marriage. An employee may add all eligible dependents from the common law marriage within this 31-day time period (or you must wait until the next regularly scheduled open enrollment).

**G 9    *When must I enroll my eligible dependents (spouse and children)?***

Eligible dependents must be added within 31 days of initial eligibility (e.g., employee's date of hire). If the enrollment/change request is not timely, dependents may not be enrolled until the next regularly scheduled open enrollment period.

During the year, an employee may enroll newly eligible dependents within 31 days of the date they become eligible (e.g., date of marriage, birth, adoption, attainment of full-time student status). If not added within this 31 day period, you cannot enroll them until the next regularly scheduled open enrollment period. The effective date is the first of the month following submission of the properly completed enrollment and change forms, except that coverage for newborns and adopted children is effective immediately with premiums payable from the first of the month following the their date of birth, date of adoption, or date placed in the home for adoption.

**G10    *What is the enrollment deadline for new hires and changes?***

New hires must enroll within 31 days of their date of hire. If they do not enroll during this 31 day period, they must wait until the next regularly scheduled open enrollment period. Coverage is effective the first of the month following date of hire. The only exception is for medically underwritten coverage (LTD and GTL/AD&D) effective the first of the month following underwriting approval.

All changes to current enrollments must be made within 31 days of the date of the change (e.g., marriage, birth, adoption). If not made during this 31 day period, changes can only be made during the next regularly scheduled open enrollment period.

- G11 *An employee and his wife are expecting their first child. The employee is currently at the employee plus one coverage level. When will he begin paying the premium for employee plus two or more?***

Although the newborn will be "covered" at birth, the change of status (e.g., employee plus two or more) will be effective the first of the month following the birth. The employees must complete and submit the "Medical and Dental Enrollment Form", and the "Change of Election Form/Salary Reduction Plan" within 31 days of the date of birth. If the forms are not submitted within this time frame, the child cannot be added until the next regularly scheduled open enrollment period.

- G12 *If the employee is already at the employee plus two or more coverage level, does he have to submit a new enrollment for the baby?***

Yes. If the enrollment form is not submitted within 31 days of the birth, the baby's coverage will end thirty days after its birth.